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Richard S Bein

3/8/2004

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First Named Inventor

POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

*Total of

forms are submitted.

| WITH A NEW POWER OF ATTORNEY | | Title | | Compositions for use in embolizing blood vessels | | | | |
|--|-----------------------------|---------------------------|---|--|-----|---------------|--|--|
| | | Art Unit | | 1618 | | | | |
| CHANGE OF CORRESPONDENCE ADDRESS | | Examiner Name | | SAMALA, JAGADISHWAR RAO | | , , | | |
| | | Attorney Docket Number | | 355492-2971 | | $\overline{}$ | | |
| I hereby revolve all province province of attempts along in the above identified application | | | | | | | | |
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
| A Power of Attorney is submitted herewith. | | | | | | | | |
| OR I hereby appoint Number as my/o identified above, and Trademark of OR | application tates Patent | nt COCO-F | | | | | | |
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| f | Practitioner(s) Name | | | Registration Number | | | | |
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| Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR | | | | | | | | |
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| Country | | | | | | | | |
| Telephone | | Email | | | | | | |
| Lam the: Applicant/inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/S896) submitted herewith or filed on | | | | | | | | |
| Signature Publication Assigned of Record Date 22-Jul-09 | | | | | | | | |
| Name | | Telephone +1,949,680,1273 | | | | | | |
| Title and Company | s, Inc. | Таюри | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below." | | | | | | | | |

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